



# HSA Authorized User Form

Please complete this form to request Authorized User changes to your HSA account.



**Fax completed form to:**  
855.890.7238



**Mail completed form to:**  
4601 College Blvd. Ste 280  
Leawood, KS 66211



**Questions about this form?**  
Please call the NueSynergy customer service at 855.890.7239  
M-F 7:30 am - 7:00 pm CST

## Section 1: Account Information

ACCOUNT NUMBER (12 digits beginning with 601)

LAST NAME

FIRST NAME

MIDDLE INITIAL

EMPLOYER NAME

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

## Section 2: Authorized User(s)

### Check the appropriate option

- Add an authorized user to my HSA account
- Change authorized user's name due to marriage or legal decree (must attach qualifying legal documentation to verify legal name)
- Remove authorized user from my HSA account

LAST NAME

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

TELEPHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

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**Section 3: Signature**

I certify that I am the HSA account holder or an individual authorized to execute this transaction. I assume full responsibility for this transaction and will not hold WealthCare Saver\* as Custodian, or any of its affiliates, liable for any adverse consequences that may result. I certify that I have not received any tax or legal advice from the Administrator or the Custodian, and, if necessary, will seek the advice of a tax professional or legal counsel to ensure my compliance with related laws.

\_\_\_\_\_  
SIGNATURE OF HSA ACCOUNT HOLDER      DATE    /    /    \_\_\_\_\_

\*WealthCare Saver is a dba of Alegeus Technologies, LLC, a licensed Non-Bank Custodian